ENIRYBLANK	
PLEASE TYPE OR PRINT	Entered previous May Show
Ms. Mr. Artist WicHolas C.	HLOBECTY.
Will All Clare	(Last Name Last)
Permanent 1796 CADWL Adress Street	11-Rd., Ekvelangh
44118 Tel. (216) 3	71-3595
Zip Area Code	
Temporary or Studio Address	
Street	City
Tel. ( )	
Zip Area Code	
If you do not presently live in one of Western Reserve, which county were your Collaborator	
(If Any)	
If May Show entries are not accepted	or not sold:
Artist will pick up at Museum.	
Museum should dispose of.	D at this address:
☐ Museum should ship to artist C.O	.D. at this address.
Special Instructions When necessary include below instruction the object is to be assembled and disp	
This entry blank must be fully made of entry blanks will not be accepted.	out and signed. Unsigned

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until August 21, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature  $\angle$ 

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GRAPHICS AND PHOTOGRAPHY ONLY				
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame	
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REJECTED	40 (3)		REJECTED	
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